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| 05073 7590 08/31/2006 BAKER BOTTS L.L.P. 2001 ROSS AVENUE SUITE 600 DALLAS, TX 75201-2980 | | | | Certificate of Mailing or Transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/848,923 05/03/2001 Paul S. Hahn 062891.0562 7109 TITLE OF INVENTION: METHOD AND SYSTEM FOR MANAGING TIME-SENSITIVE PACKETIZED DATA STREAMS AT A RECEIVER | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | \$0 | \$0 | \$1400 | 11/30/2006 | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | |
| HSU, A | ALPUS | 2616 | 370-231000 | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Cisco Technology, Inc. San Jose, California | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| 4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies ☐ | | | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form). | | | | |
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